

PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

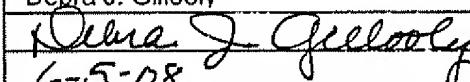
69683 7590 03/19/2008
Judy Murphy
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below

Debra J. Gillooly (Depositor's name)


6-5-08 (Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
10/707,044	11/17/2003	Richard M. Chesbrough	71202-0048	4171

TITLE OF INVENTION: TISSUE LOCALIZING AND MARKING DEVICE AND METHOD OF USING SAME

APPN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	06/19/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
MEHTA, PARINKHA SOLANKI	3737	600-407000

I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)	2 For printing on the patent front page list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents If no name is listed, no name will be printed
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122) attached <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication Form PTO/SB/47; Rev 03-02 or more recent) attached Use of a Customer Number is required	1 _____ 2 _____ 3 _____

3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment

(A) NAME OF ASSIGNEE

Bard Peripheral Vascular, Inc and Bard Shannon Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tempe, Arizona and Nieuwegein, Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

4b Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed
- Payment by credit card Form PTO-2038 is attached
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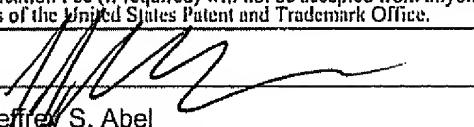
5 Change In Entity Status (from status indicated above)

- a Applicant claims SMALL ENTITY status See 37 CFR 1.27
- b Applicant is no longer claiming SMALL ENTITY status See 37 CFR 1.27(g)(2)

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Date _____

 6/5/08

Typed or printed name _____ Jeffrey S. Abel

Registration No 36,079

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